

10.300
10.48

FILED SEP 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30042

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5217 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Rural - Austin Twp.</u>	c. LENGTH OF STAY (In this place) <u>6 yrs.</u>	c. CITY OR TOWN <u>Harrisonville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In home</u>		e. STREET ADDRESS (If rural, give location) <u>Rural - 0190</u>	

3. NAME OF DECEASED (Type or Print) <u>JAMES MONROE ALDRIDGE</u>	(First) _____ (Middle) _____ (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16 1954</u>
--	---	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 30 - 1882</u>	9. AGE (In years) (If under 1 year last birthday) (If under 12 months) (If under 24 hours) <u>71</u>
--------------------	----------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life (in if retired)) <u>Express handler</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R. P. Express</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	--	--	--

13a. FATHER'S NAME <u>John Newton Aldridge</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Jane Aldridge</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Aldridge</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Robert Ryan</u>	ADDRESS <u>H'ville Mo.</u>
---	---	--	----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>uremia</u> DUE TO (c) <u>arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from March, 1951, to Sept 16, 1954, that I last saw the deceased alive on Sept 16, 1954, and that death occurred at 10:30 pm., from the causes and on the date stated above.

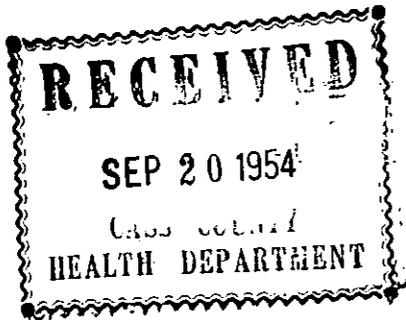
23a. SIGNATURE (Degree or title) <u>Edward S. Jones MD</u>	23b. ADDRESS <u>Harrisonville, MO</u>	23c. DATE SIGNED <u>9-17-54</u>
--	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/19/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clearfork Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>South of East Lyon Mo</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Sept 18, 1954</u>	REGISTRAR'S SIGNATURE <u>Dora Larwood</u>	457-110	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kunnenbueger</u>	ADDRESS <u>H'ville Mo.</u>
---	---	---------	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



SEP 24 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James R. Phillips*

Licensed Embalmer No....*46*

P. O. Address *Harrison*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.